

FEB 15 2006



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FACSIMILE COVER PAGE

TO: U.S. Patent and Trademark Office
FAX NO: (571) 273-8300
FROM: Racquel M. Esplin
Assistant to James E. Lake
NO. OF PAGES: 11 (including cover page)
DATE: February 15, 2006
OUR FILE: MI22-1913
RE: Application Serial No. 10/050,334
SUBJECT/MESSAGE:

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PTO/SB/21 (09-04)

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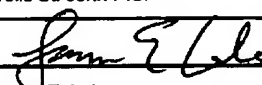
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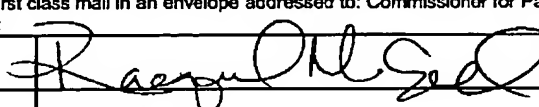
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/050,334	
	Filing Date	January 15, 2002	
	First Named Inventor	Vishnu K. Agarwal	
	Art Unit	2813	
	Examiner Name	Tuan H. Nguyen	
Total Number of Pages in This Submission	10	Attorney Docket Number	MI22-1913

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Customer No. 021567 The Commissioner is hereby authorized to charge any fees under 37 C.F.R. 1.16 and 1.17 which may be required by this paper to Deposit Account No. 23-0925.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wells St. John P.S.		
Signature			
Printed name	James E. Lake		
Date	14 Feb 2006	Reg. No.	44,854

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			Faxed to (571)273-8300
Typed or printed name	Racquel M. Esplin	Date	February 14, 2006

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**FEE TRANSMITTAL
For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	10/050,334
Filing Date	January 15, 2002
First Named Inventor	Vishnu K. Agarwal
Examiner Name	Tuan H. Nguyen
Art Unit	2813
Attorney Docket No.	MI22-1913

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =	x	=	0
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =	x	=	0
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =	/ 50 =	(round up to a whole number) x	=	0
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44,854	Telephone (509) 624-4276
Name (Print/Type)	James E. Lake	Date	1-15 Feb 2006

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For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

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Complete if Known

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Examiner Name	Tuan H. Nguyen
Art Unit	2813
Attorney Docket No.	MI22-1913

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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Reissue	300	150	500	250	600	300	0
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Fee Paid (\$)

- 20 or HP =

x

= 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

= 0

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

= 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

0

Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement

180.00

SUBMITTED BY

Signature

Registration No. 44,854
(Attorney/Agent)

Telephone (509) 624-4276

Name (Print/Type) James E. Lake

Date 14 Feb 2006

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